

BEST AVAILABLE COPY

**CLAIMS ONLY**

**Application Number**

Filing Date

**Applicant(s)**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5	1					
6		1				
7		1				
8		1				
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48						
49						
50						
Total Indep	2					
Total Depend	7					
Total Claims	9					

May be used for additional claims or amendments						
	Indep.	Depend.	Indep.	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						